

## TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

**Date:** Friday 10th December, 2021  
**Time:** 10.30 am  
**Venue:** Virtual meeting

**Please note this is a virtual meeting.**

**The meeting will be livestreamed via  
the Council's YouTube channel at  
[Middlesbrough Council - YouTube](#)**

### AGENDA

1. Apologies for Absence
2. Declarations of Interest
3. Minutes - Tees Valley Joint Health Scrutiny Committee - 24 September 2021

To Follow

4. Local NHS / Public Health response to Covid-19  
  
Representatives from Tees Valley Clinical Commissioning Group (TV CCG) and Director of Public Health for South Tees will be in attendance to provide an update in respect of the local NHS / Public Health response to COVID-19.

5. TVCCG - Update

Representatives from TVCCG will be in attendance to provide an update to the Committee in respect of the following:-

- Learning Disabilities Respite Review
- Breast Diagnostic Services

6. TVJHSC Visit to Lotus Ward - Acklam Road Hospital - 9 December 2021

A Member from each of the Tees Valley local authorities has been invited to visit the Lotus Ward on 9 December 2021 following the reopening of the ward earlier this year. An update on the visit will be provided at the meeting and a link to the video, produced by CNTW in respect of the Lotus Ward can be accessed via the following link:-

<https://youtu.be/iLLNbAeYBc>

7. North East Ambulance Service (NEAS) Performance Update 3 - 20
8. Any urgent items which in the opinion of the Chair can be considered
9. Date & Time of next meeting - Friday, 18 March 2022 at 10.30am

Charlotte Benjamin  
Director of Legal and Governance Services

Town Hall  
Middlesbrough  
2 December 2021

#### MEMBERSHIP

Councillors A Hellaoui (Chair), Layton (Vice Chair), D Coupe, D Davison, I Bell, Bartch, S Smith, B Clarke, D Rees, Cook, Richardson, Loynes, E Cunningham, C Gamble and L Hall

#### **Assistance in accessing information**

**Should you have any queries on accessing the Agenda and associated information please contact Caroline Breheny, (01642) 729752, [caroline\\_breheny@middlesbrough.gov.uk](mailto:caroline_breheny@middlesbrough.gov.uk)**



# A REVIEW OF OUR YEAR

April 2020 – March 2021



# Contents

A review of our year at North East Ambulance Service from April 2020 to March 2021.

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# Welcome



Last year I wrote that the COVID-19 pandemic would be with us for some time to come, and this has indeed been the case. I don't think any of us could have anticipated the impact that this virus would have on our lives. This has been felt by all of us in different ways both personally and from a work perspective.

Colleagues and volunteers right across our services have worked tirelessly since the start of the pandemic to deliver safe and high-quality care to our patients. Our teams did this whilst responding to new and rapidly changing safety protocols and, most importantly whilst looking after each other through some of the most challenging times our service has faced.

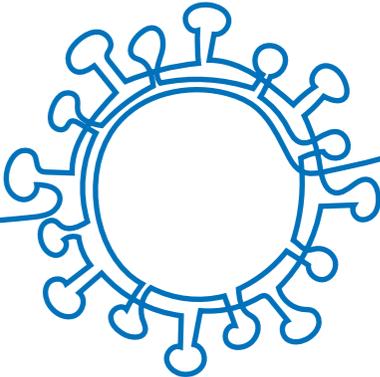
I am immeasurably proud of our teams, NEASUS colleagues and our hugely valued volunteers who have worked tirelessly and with dedication, compassion and care under extraordinarily difficult circumstances. My sincere thanks also go to our partners and to members of the public. You have provided our Trust with incredible support and encouragement during this pandemic.

We now need to take the learning from this and look forward to recovery and restoration and I am delighted that our Board of Directors approved the Trust's new five-year strategy in March 2021. This sets our ambition for the future and I am now looking

forward to working with colleagues and stakeholders to develop the detailed plans that I know will take us from strength to strength. We are very clear that patients are at the heart of our new strategy and we will, as we develop the steps to bring our strategy to life, maintain our strong focus on our amazing people, our partnership, our performance and on ensuring we develop the right conditions in terms of capacity and capability to provide the levels of quality and safety that each person who needs our service deserves and should expect to receive.

It has been a year of challenge and there is more to face but I am confident that we can build a new approach that will see NEAS move from strength to strength.

**Helen Ray**  
Chief Executive



# Our priorities

We continued to focus on the three strategic aims set out in our five-year strategy for 2015 to 2020, which we retained for a further year due to the impact of the pandemic:

## LOOK AFTER OUR EMPLOYEES



## DEVELOP NEW WAYS OF WORKING



## DO WHAT WE DO WELL



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# Priorities for 2020/21

## CORPORATE PRIORITIES

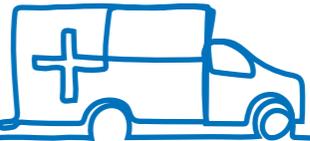
Due to the need to concentrate on our response to the pandemic during 2020/21, the corporate priorities and underpinning sub-objectives for 2019/20 were retained for 2020/21.



## QUALITY PRIORITIES

- 1 Patient safety**  
managing the deteriorating patient in the Emergency Operations Centre
- 2 Clinical effectiveness**  
improving cardiac arrest care
- 3 Patient experience**  
improving end of life care

# Calendar April 2020 to March 2021



### April

Video technology launched



### May

Testing of employees begins for antibodies and Covid



### June

Thanking our volunteers



### October

Recognising employees at the T Awards



### November

Driving instructor achieves national award for blue light training



### December

Signing the Armed Forces Covenant



### July

NEAS employees involved in Covid response meet Prime Minister Boris Johnson



### August

Launch of What3Words location pinpoint app



### September

Black Asian Minority Ethnic project announcement following NHS Charities Together donation



### January

Remembering the start of the pandemic one year on and employee vaccination programme roll out



### February

Mental health car pilot begins in Durham and Darlington



### March

New GP and pharmacy leads join NEAS

## Our priorities

# IMPROVING QUALITY AND SAFETY

A significant number of initiatives were implemented during 2020/21 to support us to improve the quality and safety of our service, to deliver an effective and responsive service to patients during the pandemic, to keep our staff safe and to drive forward improvements against the Care Quality Commission's Fundamental Standards on the route from 'good' to 'outstanding'.

- Upgrade of **in-vehicle mobilisation devices** (Terrafix) with Wi-Fi installed to allow the automated updating of maps on the vehicles.
- **Transfer of Care project** implemented within all relevant primary care, acute and urgent care settings, allowing ambulance systems to digitally pass patient information and improving the efficiency of patient handovers.
- Replacement of **telephony system** to increase resilience in the Emergency Operations Centre.
- **Adopting new technologies** to support staff to be able to undertake their roles more effectively from remote locations.



Inspected and rated

Good



# ORGANISATIONAL SUSTAINABILITY

It has been a challenging year for the Trust as we responded to the pandemic. Not only did this significantly increase the demands for our services, but we also had the challenge of providing our services in a safe and sustainable way during lockdown.

The Government's response to the pandemic meant that for NHS organisations a new, temporary financial framework was implemented in April 2020. Additional funding enabled us to increase our vehicle hours, which made a significant impact on front-line delivery.

Our top three areas of spend were pay, third party service provision and transport costs. The significant growth in these areas are all as a direct result of the pandemic response by the service.

The Trust benefitted significantly from the generous provision of free fuel to our front-line services for a period during the pandemic.

We made capital investments during the year on the Trust's estate, including the lease of a new training venue at Team Valley, Gateshead, investments in scheduled care vehicles and new rapid response cars as well as information technology maintenance and developments.

We ended the year on a small surplus against our breakeven control total.





# DEVELOPING A SUSTAINABLE WORKFORCE

Looking after the welfare, wellbeing and safety of our colleagues has been of paramount importance over the last year.

We have continued to work hard to recruit and retain high calibre staff, both in relation to the front line and supporting functions. There has continued to be a focus on sickness absence and supporting the wellbeing of our staff in 2020/21, particularly throughout the unprecedented pandemic and those within clinical extremely vulnerable groups.

We strongly encouraged colleagues to work from home where possible to reduce their own risk and the risk to those colleagues who needed to be office-based. We worked in collaboration with our fantastic staff networks to reach out to colleagues who were more vulnerable and in need of additional assistance.

We recognise too that the pandemic has had an impact on mental as well as physical wellbeing. We launched our 'Help Hub', which provides staff with access to wellbeing support and we are extremely grateful to our occupational health team for working tirelessly to make sure the care and support we were able to offer our staff was as wide ranging as possible.

Looking after our staff is one of the cornerstones of our new Trust strategy and will be supported by our People Plan, which will provide the foundations for the delivery of our people priorities over the next five years.



# PROTECTING OUR EMPLOYEES

We made every effort to secure COVID vaccinations for all our colleagues across the region through close working with our partners and by running our own vaccination clinics.



Our priorities

# CLINICAL CARE AND TRANSPORT

Our clinical care and transport service was pushed to new levels in 2020/21 as a result of new personal protective equipment, enhanced cleaning, changing guidance, operational pressures, deployment into different roles, swabbing and testing, rolling out vaccines and managing outbreaks.

It has been a challenge to consistently achieve our emergency response times and, although we have achieved an improved position across all response categories, some patients still waited a long time and that is something we must continue to address. We fully met the target for the most life-threatening emergencies (Category 1) within the timeframes set.

Increased funding through the pandemic enabled us to achieve the optimal vehicle hours required to meet demand. Whilst at times this was impacted by high COVID-related sickness, it demonstrated that when sickness reduced, the higher vehicle hours had a hugely positive impact on our ability to deliver a more responsive service to patients.



Scheduled care continued to play a critical role in freeing up capacity across our local health system by supporting hospitals with timely patient discharges, as well as supporting our unscheduled care colleagues in times of pressure. Scheduled care will be playing a pivotal role in keeping the health system moving in 2021/22 as provider colleagues focus on the restoration of elective and cancer care services.

Our complex lifting and increased bariatric service was mobilised, reducing the need for multiple crews on scene by responding with dedicated resources to over 3,500 incidents.



Our priorities

# NHS111 AND CLINICAL ASSESSMENT SERVICE

Our Emergency Operations Centres underwent significant change to respond to the challenges of the pandemic, coping with increased call volumes, which impacted on our call answer performance and on managing the risks of staff working together in this environment.

A national priority emerged from the first wave of the Covid pandemic where people were calling 111 in greater volumes before deciding to self-present anywhere in our urgent and emergency care system.

111 First was rolled out further at NEAS to offer an initial triage over the phone to signpost patients to the right services for their need, thereby reducing unnecessary footfall to parts of our system that were struggling to meet the pressures of operating within a pandemic environment.

Funding for increased clinical support and call handling capacity allowed us to manage the anticipated increase in call traffic. We now benefit from clinical support capacity across the region, which has freed up resources to focus on providing enhanced clinical assessment for those patients identified as potentially requiring a visit to an emergency department.

Over 80 percent of patients identified by the initial 111 assessment as appropriate for an emergency department are being referred to more appropriate community-based services, or provided with self-care advice and information.

## A series of initiatives have been implemented in our Emergency Operations Centre.

**Home working** - clinical advisors and senior clinicians have continued to provide patient care remotely and allowed us to increase the workforce to manage any surges in activity.

**Emergency Department Digital Integration** with our 111 systems - we are now able to refer patients into specific arrival times within emergency departments, reducing waiting and footfall to some of the busiest parts of our urgent and emergency care system.

**Video consultation facilities** – supporting our Emergency Operations Centre and frontline staff with clinical and operational decision making.



**Manchester Triage System (MTS)** - a standalone clinical triage tool for face to face and telephone triage. Non-operational clinical colleagues and those who were shielding were trained to support at times of pressure, ensuring that patients waiting for an ambulance were getting the correct care.

During lockdown a new cohort of **frequent callers** emerged and were proactively supported collaboratively with GPs to reduce the impact on the service.

# COMMUNICATIONS AND ENGAGEMENT

We have had to think more imaginatively about how to reach out into communities when restrictions have prevented us from undertaking face-to-face engagement during the pandemic.

We continued to work closely with patient representative groups and during early 2021 we began working to improve our external engagement online and through social media.

A new patient survey system has also been implemented to capture greater feedback from patients about our service and we are reassured by what they tell us.



## Connecting our workforce

Connecting our remote, mobile workforce and improve resilience and accountability has been a priority in the wake of a pandemic.

This was particularly challenging in an ambulance service where our employees are constantly moving across 3,200 square miles in 24-hour shift patterns; and with a high workload.

We set out to improve dialogue across the service, adopt a listening style, encourage conversations and seek feedback with a new framework for internal communications, giving employees a safe space to share stories, ask questions, challenge each other and build a stronger team.

Reacting to the changing work environment created by the pandemic, we embedded new digital communications solutions to support genuine employee engagement. This has helped us to move away from conversations behind closed doors to more openness and transparency.

Employees now feel better informed, which has been crucial in a difficult year in so many ways.

## #MoreThanAUniform

As lockdown restrictions eased in July 2020, our crews experienced some shocking attacks. This included the worst night of physical violence in NEAS's history, which saw three separate attacks, all fuelled by alcohol and drugs, resulting in two staff needing hospital treatment and two vehicles badly damaged and off the road for weeks for repairs.

Members of the public and politicians contacted us to pledge their support and ask what they could do. This display of solidarity was an enormous comfort to our crews and was greatly appreciated. A #MoreThanAUniform campaign was launched to raise awareness of the issue regionally and work to tackle this at a national level is underway.

**95.3%**

of scheduled care patients surveyed rated the service good or very good

**88.1%**

of NHS 111 patients surveyed rated the service good or very good

**98.5%**

of the patients we see & treat on scene rated the service good or very good

**94.6%**

of the patients we see & convey to a healthcare setting rated the service as good or very good

## Positive action

We secured funds from NHS Charities Together and our own Charitable Fund to appoint two temporary positive action officers to work with BAME, LGBT and disabled communities to raise awareness about our services, how to access them, when to use them and to dispel some of the myths about COVID and the vaccine.

# Quality priorities

## CLINICAL EFFECTIVENESS

### Improving cardiac arrest care

All UK ambulance services work towards the national ambulance clinical quality indicators, which benchmark the clinical care provided by ambulance services for cardiac arrest and other major conditions.

Survival for patients experiencing a cardiac arrest is dependent on their receiving treatment within a very short timeframe. The aim of this quality priority was to ensure that patient care post-cardiac arrest is of a high standard to support a positive outcome for the patient.

In the North East the average rate of bystander CPR is 25 percent, dropping to 19 percent during the pandemic. The rate of survival from a cardiac arrest in the North East is less than 1 in 20 (5 percent). Nationally it is over 8 percent.

- During the year we continued to
- support the increase of community public access defibrillators (CPADs) across our regional footprint - there are now 999 registered with us - an increase of 106 since March 2020;
  - activate over 200 registered public and clinical volunteers using the GoodSam app and 100 Community First Responders to nearby cardiac arrests to provide basic life support - this was ceased during the height of the pandemic but reinstated in early 2021;
  - review the clinical care we provide patients in cardiac arrest to learn more from deaths.



	All patients		Utstein
Patients	5349		349
Resus attempted/continued by NEAS	2077		322
ROSC on arrival of hospital	510		177
Survived to discharge	87		74

**Survival to discharge Utstein** is the percentage of patients with a witnessed cardiac arrest who were resuscitated by the Trust and then discharged from hospital.

**ROSC at hospital Utstein** measures the percentage of patients with a witnessed arrest who had a ROSC on arrival at hospital, following resuscitation.



# PATIENT EXPERIENCE

## Improving end of life care

We play an important part in helping patients who are at the end of their life to have a calm and peaceful death, in their preferred place of care, wherever possible.

Having skilled colleagues with access to information to support clinical decision making is key to ensuring high quality assessment and care for a patient at the end of their life, as well as to support their loved ones.

Our Macmillan End of Life Facilitator rolled out employee training to up to 300 employees during the year as well as providing feedback to staff regarding the care of their patients with reflection and learning.

We continue to care for patients at the end of their life, working in partnership with St John Ambulance Service to provide dedicated resources for patients and their family at such a difficult time and are in the process of developing a business case to extend this service to weekends also.

There is a clear link between increased information sharing and a reduction in palliative and end of life care patients being conveyed to hospital after an ambulance has arrived on scene.

We now work closely with GP practices to ensure we receive vital information regarding the patient's resuscitation status, to ensure we provide appropriate care.

There has been a significant increase in the number of flags shared with us by other healthcare providers to add 'do not attempt cardiopulmonary resuscitation' to patient records compared to previous years. This is likely to be in light of discussions held by healthcare professionals with patients who were requiring palliative or end of life care needs, to establish what their views were about resuscitation, considering COVID-19.

# PATIENT SAFETY

## Managing the deteriorating patient in the Emergency Operations Centre

Improving processes in our Emergency Operations Centre to identify and manage the care of deteriorating patients efficiently and effectively was a priority for the year.

This is especially pertinent when resource levels or rapid peaks in demand mean we are unable to meet our ambulance response standards and where the clinical performance standards for our 111 or clinical assessment service are challenged.

Between January 2021 and March 2021, in line with our demand management plan, we invoked the 'no send' policy. In total for that time period, there were 1,656 patients who were asked to make their own way to hospital or a healthcare facility (such as an urgent treatment centre). No patient safety incidents were reported as a consequence and ambulances were kept available.

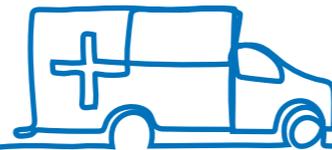


# NORTH EAST AMBULANCE SERVICE UNIFIED SOLUTIONS (NEASUS)

Our vehicles and their cleanliness are fundamental to the delivery of our patient-facing services.

Colleagues at our subsidiary company, North East Ambulance Service Unified Solutions (NEASUS) provided the Trust with significant support during the year with enhanced cleaning of our vehicles, helping to maintain a safe and responsive service for our patients.

NEASUS ended the year with the securing of a major service contract for a private company. NEASUS directly supports patient services through the reinvestment of any profits into patient care and this is a major step for the future.



# IN PARTNERSHIP

Our partners across the Integrated Care System in hospitals, community providers, primary care, mental health and across the wider social care system came together across the North East and Cumbria all year to offer support to each other right across our communities. We saw the development of our new provider collaborative in the region and as we move into the coming year, we continue to work with our partners to shape the future of our Integrated Care System.

The importance of our services in supporting the functioning of the whole health system has never been clearer. The national 111 First campaign encourages patients to use 111 before self-presenting to urgent or emergency care. As the NHS111 provider for the region, we played an integral role in this, and through national funding, we were able to expand our service to support anticipated increased call demand.

We also played a vital role in the region's vaccination programme. Our vaccination team worked collaboratively with partners to deliver vaccinations to the public across core sites such as the Centre for Life and Nightingale Hospital.



# 2021/22 AND BEYOND

Work began in the second half of 2020/21 on the development of the Trust's new five-year strategy for 2021-2026. The new strategy centres around four ambitions, with patients at the heart.

Nine supporting plans will underpin the four ambitions and work has commenced on developing the detail of these plans.

The recovery of our services and staff will be the priority for 2021 to 2023, with the aim of stabilising and maintaining quality and performance in advance of winter 2021/22. Developing our role as a key partner in the Integrated Care System will also be a focus short term.

In the longer term we will focus on transformation and growth of our services in line with the place-based principles of the ICS and Integrated Care Partnerships (ICPs).



# Our Year in Numbers

April 2020 to March 2021

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**439,940**  
999 calls taken



**864,050**  
NHS 111 calls answered



**266,013**  
Patients taken to hospital



**127,352**  
Patients treated at home



**34,306**  
Patients treated over telephone



**18,569**  
Category 1 incidents reached within target  
(Roughly 65%)



**2,907**  
Employees



**11,426**  
Training courses completed



**313**  
Employees recruited



**592**  
Vehicles



**284,507**  
Patient Transport Service journeys



**88,079**  
Patient journeys completed by volunteer  
Ambulance Car Service



**56**  
Ambulance stations



**3,300**  
Square miles covered



**£184.7m**  
Annual income

Our Year in Numbers



**86**

Community First Responders attended 671 patients



**990**

People trained in first aid



**700**

Staff nominated for awards



**158**

Staff recognised for a combined 3,980 years of long service

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**13,824**

Hours volunteered by porters



**8,000**

Approx. callers supported to give CPR



**9,000**

Approx. calls to road traffic incidents



**819**

Compliments



**271**

Complaints



**10**

Serious incidents



**7,000**

Community defibs retrieved for life threatening emergencies



**145**

New community defibrillators registered



**33**

New defibs partially funded from NEAS Charitable Trust Fund



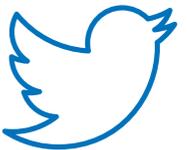
**27,456+**

Hours vehicle cleaning/ infection control



**26,969**

Facebook followers



**17,500**

Twitter followers

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## Arabic

يُتوفر الدعم للوصول إلى هذه الوثيقة بعدة لغات وبتنسيقات متنوعة عند الطلب. يرجى الاتصال هاتفياً بالرقم: 0191 430 2099، أو عبر البريد الإلكتروني [publicrelations@neas.nhs.uk](mailto:publicrelations@neas.nhs.uk)

## Urdu

درخواست کرنے کی صورت میں اس دستاویز تک متعدد زبانوں میں رسائی حاصل کرنے کے لئے تعاون اور قابل رسائی فارمیٹ دستیاب ہیں۔ برائے مہربانی 0191 430 2099 پر ٹیلیفون کریں، [publicrelations@neas.nhs.uk](mailto:publicrelations@neas.nhs.uk) پر ای میل کریں

## Bengali

বিভিন্ন ভাষায় ও অ্যাক্সেস করা যায় এমন রূপে এই নথিটি দেখার জন্য সহায়তা পাওয়া যায়। অনুগ্রহ করে টেলিফোন করুন: 0191 430 2099, ইমেল [publicrelations@neas.nhs.uk](mailto:publicrelations@neas.nhs.uk)

## Mandarin

本文件支持多种语言和格式，可按需要申领。联系方式：电话 0191 430 2099，电子邮箱 [publicrelations@neas.nhs.uk](mailto:publicrelations@neas.nhs.uk)

## Polish

Na żądanie możemy udostępnić ten dokument w innym języku lub formacie. Prosimy o kontakt telefoniczny: 0191 430 2099, e-mail [publicrelations@neas.nhs.uk](mailto:publicrelations@neas.nhs.uk)

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